

Case Number:	CM14-0083299		
Date Assigned:	07/23/2014	Date of Injury:	07/10/2009
Decision Date:	10/02/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56-year-old female with a date of injury of 7/10/09. The mechanism of injury occurred when she jumped over a pile of wood and slipped and fell backward. Last MRI was 10/2013. On 3/17/14, x-ray of lumbar spine was negative for pathology. On 5/5/14, she complained of ongoing back pain, now progressing in the lower extremities again in her buttock and legs. On exam she is tender to palpation over the lumbar spine. She had fairly diffuse 4+/5 weaknesses in the lower extremities. CT scan of the lumbar spine on 5/2/14, revealed posterior fixation extending at L5-S1 level. No obvious lucency seen on the sagittal images. Axial cuts at L4-L5 suggest least moderate to near severe amount of central stenosis secondary to thickening of ligamentum flavum and disc bulge. The diagnostic impression is s/p lumbar fusion with lumbar myofascial pain syndrome, adjacent segment disease, and stenosis. Treatment to date: lumbar fusion at L5-S1 on 4/6/13, medication management A UR decision dated 5/9/14 denied the request for 1 MRI of the Lumbar Spine. The lumbar MRI was denied because guidelines support imaging for those who have not responded to treatment, consider surgery as an option, or have findings that suggest pathology. According to the documentation, there is no evidence of a red flag, worsening of symptoms, or evidence of nerve compromise. Based on this discussion and the guideline recommendations, the request does not appear to be medically appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 MRI of the Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, there is no documentation that the patient has failed conservative therapy. There was no objective evidence of neurological compromise that would warrant a lumbar MRI. In addition, the patient had a recent CT scan on 5/2/14 to evaluate for problems with the fusion, and the CT scan returned with evidence of normal fusion with fixation from L5-S1. Therefore, the request for 1 MRI of the Lumbar Spine is not medically necessary.